Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 1 of 52

| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Ide | ntify Yourself | | |
|-----|--|--|---|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your ful | II name | | |
| | your gov | e name that is on vernment-issued dentification (for | Ashley First name | First name |
| | example, your driver's license or passport). | , your driver's | Middle name | Middle name |
| | identifica | ur picture ation to your with the trustee. | Smith Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | | r names you have the last 8 years | | |
| | Include y maiden r | your married or names. | | |
| 3. | your So number Individu | e last 4 digits of cial Security or federal lal Taxpayer cation number | xxx-xx-9617 | |

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Page 2 of 52 Document

Debtor 1 Ashley Smith

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 3035 194th Place Lynwood, IL 60411 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Cook County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 3 of 52 Case number (if known) Debtor 1 **Ashley Smith** Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

| | out the <i>Application to H</i> | lave the Chapter 7 Filing Fee Waived (Office | cial Form 103B) and file it with your petit | ion. |
|-------------------------------------|---------------------------------|--|---|------|
| Have you filed for | ■ No. | | | |
| bankruptcy within the last 8 years? | ☐ Yes. | | | |
| | District | When | Case number | |
| | District | When | Case number | |
| | District | When | Case number | |

The Filing Fee in Installments (Official Form 103A).

Debtor Relationship to you

District When Case number, if known

Debtor Relationship to you

District When Case number, if known

I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may,

but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill

11. Do you rent your residence?

■ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

☐ No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

| Deb | otor 1 Ashley Smith | | | Document Page 4 of 52 Case number (if known) | |
|-----|--|---|-----------------|--|--|
| Par | t 3: Report About Any Bu | usinesses Y | ou Own | as a Sole Proprietor | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | |
| | | ☐ Yes. | Name | e and location of business | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | e of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | per, Street, City, State & ZIP Code | |
| | it to this petition. | | Check | k the appropriate box to describe your business: | |
| | | | | Health Care Business (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) | |
| | | | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set ap deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, stat operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the p in 11 U.S.C. 1116(1)(B). | | | |
| | For a definition of small | ■ No. | I am r | not filing under Chapter 11. | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code. | illing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy. | |
| | | ☐ Yes. | I am f | illing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code | |
| Par | t 4: Report if You Own o | r Have Any | Hazardo | ous Property or Any Property That Needs Immediate Attention | |
| 14. | Do you own or have any | ■ No. | | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | | |
| | of imminent and identifiable hazard to public health or safety? | | What is | the hazard? | |
| | Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, | | Where is | s the property? | |

or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Debtor 1 Ashley Smith Document Page 5 of 52 Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filled for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:
 - Incapacity. I have a mental illness or a mental deficiency that make

mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

☐ **Disability.** My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 6 of 52

Case number (if known) Debtor 1 **Ashley Smith** Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will be available for Yes distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 □ 200-999 How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Ashley Smith Signature of Debtor 2 **Ashley Smith** Signature of Debtor 1 Executed on December 21, 2015 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1 Ashley Smith Page 7 of 52 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Kevin R | ouse | Date | December 21, 2015 | |
|-------------------|------------------------|---------------|------------------------|--|
| Signature of | Attorney for Debtor | | MM / DD / YYYY | |
| | | | | |
| Kevin Rous | se | | | |
| Printed name | | | | |
| Ledford, W | u & Borges, LLC | | | |
| Firm name | | | | |
| 105 W. Mad | dison | | | |
| 23rd Floor | | | | |
| Chicago, IL | _ 60602 | | | |
| Number, Street, C | City, State & ZIP Code | | | |
| Contact phone | 312-853-0200 | Email address | notice@billbusters.com | |
| 6284394 | | | | |
| Parnumbar 9 Cta | nto. | | | |

| | | DOGUIII | eni Paue o ui oz | |
|---------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Ashley Smith | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 5,990.14 1c. Copy line 63, Total of all property on Schedule A/B..... 5,990.14 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 0.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6i of Schedule E/F..... 104,907.75 Your total liabilities Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 2,999.00 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 3,172.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have?

Official Form 106Sum

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Entered 12/22/15 14:44:48 Desc Main Case 15-43013 Doc 1 Filed 12/22/15 Document

Page 9 of 52
Case number (if known) Debtor 1 Ashley Smith

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$ 3,784.03 |
|----|--|----------------|
| 0. | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$ 3,784.03 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following: | Total | claim |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 68,464.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 68,464.00 |

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Page 10 of 52 Document Fill in this information to identify your case and this filing: Debtor 1 **Ashley Smith** Middle Name Last Name First Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No □ Yes 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ■ No ☐ Yes. Describe.....

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Page 11 of 52

Case number (if known) Document Debtor 1 **Ashley Smith** Misc used household goods and furnishings, including: Sofa, Loveseat, Entertainment Ctr, Television, VCR, Coffee Table, End Tables, Dining Table/Chairs, Refrigerator, Freezer, Stove, Microwave, Dishwasher, Washer/Dryer, Pots/Pans, Dishes/Flatware, Vacuum, Coffee Maker, Bedroom Sets, Dresser, Lamps, Telephone/Cell Phone, Lawnmower, Snow Blower, BBQ Grill, Misc. Tools HAVE CLIENT GO OVER ITEMS. \$500.00 2 Television Sets, Computer, Printer, Tablet, and 4 Cell Phones. \$300.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles □ No Yes. Describe..... **Books and Family Pictures** \$50.00 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$300.00 Personal Used Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... Costume Jewelry, rings, watches & earrings \$100.00 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$1,250.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B

Schedule A/B: Property

Document Page 12 of 52 Case number (if known) Debtor 1 **Ashley Smith** 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Yes..... Cash on Hand \$20.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... Fifth-Third Bank \$250.00 Checking Fifth-Third Bank \$5.00 Checking Fifth-Third Bank \$5.00 Savings 17.3. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 403(b) Valic \$3,460.14 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☐ No Institution name or individual: ■ Yes. Security Deposit w/Landlord, Regina Fisher: \$1,000.00 \$1,000.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

Case 15-43013

Doc 1

Filed 12/22/15

Entered 12/22/15 14:44:48

Desc Main

| Debtor 1 | Ashley Smith | Document | Page 13 of 52 Case number (if known) | |
|---------------------------|---|---|--|---|
| | .C. §§ 530(b)(1), 529A(b), and 529(b)(| 1) | | |
| ■ No | .c. 33 330(b)(1), 323A(b), and 323(b)(| 1). | | |
| ☐ Yes. | Institution name and d | escription. Separately file | the records of any interests.11 U.S.C. § 521(c): | |
| | , equitable or future interests in pro | perty (other than anythi | ing listed in line 1), and rights or powers exerci | sable for your benefit |
| ■ No □ Yes | Give specific information about them | l | | |
| | s, copyrights, trademarks, trade se | | tual property | |
| Exam _l | ples: Internet domain names, website | | | |
| ■ No □ Yes | Give specific information about them | | | |
| | ses, franchises, and other general in | | | |
| _Exam | | | on holdings, liquor licenses, professional licenses | |
| □ No ■ Yes. | Give specific information about them | L | | |
| | | linois Nursing Licens | ie | \$0.00 |
| | | | | |
| Money or | property owed to you? | | | Current value of the portion you own? |
| | | | | Do not deduct secured claims or exemptions. |
| 28 Tax re | funds owed to you | | | · |
| ■ No | , , , | | | |
| ☐ Yes. | Give specific information about them | including whether you alr | ready filed the returns and the tax years | |
| | | | | |
| 29. Family | | spousal support, child sup | port, maintenance, divorce settlement, property se | ttlement |
| ■ No | proof race due of famp cam amnony, c | pododi odpport, orma odp | port, maintenance, arrende detaillement, property de | ALIGH ON |
| ☐ Yes. | Give specific information | | | |
| 20 Other | amounts someone owes you | | | |
| | ples: Unpaid wages, disability insuran | | enefits, sick pay, vacation pay, workers' compensa | tion, Social Security |
| ■ No | benefits; unpaid loans you made | to someone else | | |
| ☐ Yes. | Give specific information | | | |
| | sts in insurance policies | | | |
| Exam _l □ No | <i>ples:</i> Health, disability, or life insurand | e; health savings account | (HSA); credit, homeowner's, or renter's insurance | |
| ■ Yes. | Name the insurance company of each | n policy and list its value. | | |
| | Company nam |) : | Beneficiary: | Surrender or refund value: |
| | | surance Policy throug Io Cash Surrender Va | | \$0.00 |
| | Employer - N | O Cash Surrender va | <u> </u> | |
| 32. Any in | terest in property that is due you from | om someone who has d | ied | |
| • | are the beneficiary of a living trust, ex one has died. | pect proceeds from a life i | insurance policy, or are currently entitled to receive | e property because |
| ■ No | | | | |
| ☐ Yes. | Give specific information | | | |
| 33. Claims | s against third parties, whether or n | ot you have filed a laws | uit or made a demand for payment | |
| _Exam | ples: Accidents, employment disputes | | | |
| ■ No □ Yes. | Describe each claim | | | |

Official Form 106A/B Schedule A/B: Property

page 4

| | Case 15-43013 | Doc 1 | Filed 12/22/15 Document | Entered 12 Page 14 of | 2/22/15 14:44:48 52 | Desc Main |
|----------------|---|-------------------|----------------------------|--------------------------|----------------------------|--|
| Debt | or 1 Ashley Smith | | | | Case number (if known) | |
| 34. O | ther contingent and unliquida | ted claims of e | every nature, includin | g counterclaims | of the debtor and rights t | o set off claims |
| | No | | | | | |
| | Yes. Describe each claim | | | | | |
| 35. A | ny financial assets you did no | t already list | | | | |
| | No | - | | | | |
| | Yes. Give specific information | | | | | |
| | Add the dollar value of all of y for Part 4. Write that number h | | | | | \$4,740.14 |
| | of Fart 4. Write that humber i | | | | | |
| Part 5 | Describe Any Business-Related | Property You O | wn or Have an Interest In | . List any real estate | e in Part 1. | |
| 37. D o | you own or have any legal or equi | table interest in | any business-related pro | perty? | | |
| | No. Go to Part 6. | | | | | |
| | es. Go to line 38. | | | | | |
| | | | | | | |
| Part 6 | Describe Any Farm- and Commonlf you own or have an interest in fa | | | or Have an Interest | ln. | |
| 46 D | o you own or have any legal o | r equitable int | erest in any farm- or o | commercial fishir | ng-related property? | |
| _ | No. Go to Part 7. | | | | .g .c.a.ca p. operty . | |
| [| Yes. Go to line 47. | | | | | |
| | | | | | | |
| | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | | | | | · |
| Part 7 | Describe All Property You Own | or Have an Inter | est in That You Did Not L | ist Above | | |
| | o you have other property of a | | | | | |
| _ | No | , | | | | |
| | Yes. Give specific information | | | | | |
| | | | | | | |
| 54. | Add the dollar value of all of y | our entries fro | m Part 7. Write that n | umber here | | \$0.00 |
| Part 8 | List the Totals of Each Part of the | nis Form | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | | \$0.00 |
| | Part 2: Total vehicles, line 5 | ••••• | | \$0.00 | | |
| | Part 3: Total personal and hou | sehold items, | line 15 | \$1,250.00 | | |
| 58. | Part 4: Total financial assets, l | line 36 | | \$4,740.14 | | |
| 59. | Part 5: Total business-related | property, line | 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing | -related nrone | rty line 52 | \$0.00 | | |
| | Part 7: Total other property no | | | \$0.00 \$0.00 | | |
| | and a second second second second | | · <u>—</u> | Ψ0.00 | | |
| 62. | Total personal property. Add li | nes 56 through | 61 | \$5,990.14 | Copy personal property t | otal \$5,990.14 |
| 63 | Total of all property on Sched | ule A/R Add liv | ne 55 ± line 62 | | | \$5,990.14 |
| 00. | . J.a. of all property off oched | als Ass. Add III | 10 00 1 1110 02 | | | ანემშს. 14 |

Official Form 106A/B Schedule A/B: Property page 5

| | | Docume | nt Page 15 of 5 | <u> 12 </u> | |
|--------------------------|--------------------------|-------------------|-----------------|---|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Ashley Smith | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number _ (if known) | | | | | ☐ Check if this is an amended filing |
| | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Ide | ntify the | Property | / You Cla | im as | Exemp | t |
|-------------|-----------|----------|-----------|-------|-------|---|
|-------------|-----------|----------|-----------|-------|-------|---|

| Ρć | identify the Property You Claim as E | xempt | | | |
|----|--|--------------------------------------|---------|---|------------------------------------|
| 1. | Which set of exemptions are you claiming | ? Check one only, eve | n if yo | our spouse is filing with you. | |
| | ■ You are claiming state and federal nonban | kruptcy exemptions. | 11 U. | S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Books and Family Pictures Line from Schedule A/B: 8.1 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(a) |
| | Line Holli Schedule A/B. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Personal Used Clothing Line from Schedule A/B: 11.1 | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(a) |
| | Line nom <i>Schedule AVB</i> . TTT | | | 100% of fair market value, up to any applicable statutory limit | |
| | 403(b): Valic Line from Schedule A/B: 21.1 | \$3,460.14 | | 100% | 735 ILCS 5/12-1006 |
| | Line from Schedule A/B: 21.1 | | | 100% of fair market value, up to | |

Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 16 of 52

| Fill in this infor | Fill in this information to identify your case: | | | | | | |
|---------------------|---|-------------------|-------------|--|--------------------------------------|--|--|
| Debtor 1 | Ashley Smith | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | | |
| Case number | | | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | | Documen | t Page 17 of 52 | | | |
|---|--|--|--|---|-----------------------------------|--|
| Fill in thi | s information to identify your | case: | | | | |
| Debtor 1 | Ashley Smith | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, fi | iling) First Name | Middle Name | Last Name | | | |
| | C, | | | | | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT O | FILLINOIS | | | |
| Case nur | nber | | | | | |
| (if known) | | | | _ | k if this | |
| | | | | amer | nded fili | ng |
| Officia | I Form 106E/F | | | | | |
| | lule E/F: Creditors | Who Have Unse | cured Claims | | | 12/15 |
| any execut Schedule C D: Creditor | ory contracts or unexpired leases to Executory Contracts and Unexpires Who Have Claims Secured by Projection Page to this page. If you have | hat could result in a claim. Als red Leases (Official Form 106G operty. If more space is needed e no information to report in a | ORITY claims and Part 2 for creditors with NONPRIORIT's olist executory contracts on Schedule A/B: Property (63). Do not include any creditors with partially secured cld, copy the Part you need, fill it out, number the entries Part, do not file that Part. On the top of any additional p | Official Forr aims that a in the boxe | n 106A/l re listed s on the | B) and on I in Schedule left. Attach |
| 1. Do | any creditors have priority unsecu | red claims against you? | | | | |
| _ | | ou olumo ugumot you. | | | | |
| | No. Go to Part 2. | | | | | |
| Part 2: | Yes. List All of Your NONPRIORIT | Y Unsecured Claims | | | | |
| | any creditors have nonpriority uns | | | | | |
| _ | No. You have nothing to report in this | | our with your other schedules | | | |
| _ | 9 . | s part. Submit this form to the con | uit with your other schedules. | | | |
| | Yes. | | | | | |
| un: tha | secured claim, list the creditor separa | tely for each claim. For each clai | er of the creditor who holds each claim. If a creditor has a im listed, identify what type of claim it is. Do not list claims a 8.If you have more than three nonpriority unsecured claims fi | Iready includ | ded in Pa | art 1. If more |
| Pa | II Z. | | | То | tal clain | n |
| 4.1 E | Blue Cross Blue Shield of II | linois Last 4 digits of a | ccount number | \$ | | 3,000.00 |
| F | riority Creditor's Name P.O.Box 805107 | When was the de | ebt incurred? | | | |
| | Chicago, IL 60680-4112 lumber Street City State Zlp Code | As of the date yo | ou file, the claim is: Check all that apply | | | |
| ١٨ | /ho incurred the debt? Check one. | - | | | | |
| _ | Debtor 1 only | ☐ Contingent | | | | |
| _ | _ | □ (1=0===d================================ | | | | |
| | Debtor 2 only | ☐ Unliquidated — | | | | |
| _ | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and ano | _ | ORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a commettee the commeter of the | nunity | | | | |
| | s the claim subject to offset? | Obligations are not report as priori | ising out of a separation agreement or divorce that you did ity claims | | | |
| | No | ☐ Debts to pensi | ion or profit-sharing plans, and other similar debts | | | |
| [| Yes | ■ Other. Specify | Insurance | | | |
| | City of Chicago | Last 4 digits of a | ccount number | \$ | | 600.00 |
| [7 | riority Creditor's Name Dep't of Administrative Heal 40 N. Sedgewick Street | rings When was the de | ebt incurred? | | | |
| | Chicago, IL 60654 lumber Street City State Zlp Code | As of the date yo | ou file, the claim is: Check all that apply | | | |
| | | | | | | |

Official Form 106 E/F

| Debtor | 1 Ashley Smith | Document Pag | e 18 of 52 Case number (if know) | | |
|--------|---|--|---|-----|----------|
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | ■ Debtor 1 only | □ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecu | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | Obligations arising out of a s not report as priority claims | eparation agreement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or profit-sh | aring plans, and other similar debts | | |
| | Yes | ■ Other. Specify Rec | I Light ticket | | |
| 4.3 | Comcast | Last 4 digits of account number | er | \$ | 171.75 |
| | Priority Creditor's Name 1255 W. North Ave. | When was the debt incurred? | 2013 | | |
| | Chicago, IL 60622 Number Street City State Zlp Code | As of the date you file, the clai | m is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecu | ıred claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a s not report as priority claims | eparation agreement or divorce that you did | | |
| | No | Debts to pension or profit-sha | aring plans, and other similar debts | | |
| | Yes | Other. Specify | ity | | |
| 4.4 | Comenity Bank/express | Last 4 digits of account numb | er 3214 | \$ | 4,000.00 |
| | Priority Creditor's Name | | | · — | <u> </u> |
| | Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 10/20/07 Last Active 8/11/12 | | |
| | Number Street City State Zlp Code | As of the date you file, the clai | m is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | · · | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecu | ıred claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | Obligations arising out of a s not report as priority claims | eparation agreement or divorce that you did | | |
| | ■ No | Debts to pension or profit-sha | aring plans, and other similar debts | | |
| | Yes | Other. Specify | arge Account | | |
| 4.5 | Community Hospital | Last 4 digits of account number | er | \$ | 1,600.00 |
| | Priority Creditor's Name 901 MacArthur Blvd. | When was the debt incurred? | | | |
| | Munster, IN 46321-2901 Number Street City State Zlp Code | As of the date you file, the clai | m is: Check all that apply | | |

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 19 of 52

| Debtor | 1 Ashley Smith | | Case number (if know) | | | | | | |
|--------|---|--|---|----------|----------|--|--|--|--|
| | | | | | | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | | | |
| | Debtor 1 only | _ | | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | |
| | Check if this claim is for a community | ☐ Student loans | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharir | ng plans, and other similar debts | | | | | | |
| | Yes | ■ Other. Specify Medic | cal or Dental Services | | | | | | |
| 4.6 | Dsnb Macys | Last 4 digits of account number | 4480 | \$ | 2,022.00 | | | | |
| | Priority Creditor's Name | Last 4 digits of account number | | Ψ | | | | | |
| | Macys Bankruptcy Department Po Box 8053 Mason, OH 45040 | When was the debt incurred? | Opened 10/01/09 Last Active 7/29/12 | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | | | |
| | ■ Debtor 1 only | □ Contingent | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt | _ | | | | | | | |
| | Is the claim subject to offset? | Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | | |
| | ☐ Yes | ■ Other. Specify Charg | ge Account | | | | | | |
| | 163 | Other. Specify | jo Aloodulii | | | | | | |
| 4.7 | Firestone | Last 4 digits of account number | | \$ | 2,500.00 | | | | |
| | Priority Creditor's Name | Last 4 digits of account number | | Ψ | | | | | |
| | P.O. Box 81344 | When was the debt incurred? | | | | | | | |
| | Cleveland, OH 44188 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | | | |
| | Debtor 1 only | _ | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | | |
| | Yes | Other. Specify | Owed | | | | | | |
| 4.8 | JCPenny/GECRB | Last 4 digits of account number | | \$ | 1,000.00 | | | | |
| | Priority Creditor's Name | - | | <i>-</i> | | | | | |
| | PO Box 960090 | When was the debt incurred? | | | | | | | |

Official Form 106 E/F

Orlando, FL 32896

| Debtor | Case 15-43013 Doc 1 1 Ashley Smith | Filed 12/22/15 Document | | ered 12/22/15 14:44:48 20 of 52 Case number (if know) | Desc Main | |
|--------|---|---|---------------|---|-----------|--------|
| Dobto. | Number Street City State Zlp Code | As of the date you file, | - | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY | unsecure | d claim: | | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | ☐ Student loans | unioccui o | a diami. | | |
| | debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | Obligations arising of not report as priority claim | | aration agreement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or p | orofit-sharin | ng plans, and other similar debts | | |
| | Yes | Other. Specify | Debt | Owed | | |
| 4.9 | Kohls/Capital One | Last 4 digits of accoun | t number | 3989 | \$ | 573.00 |
| | Priority Creditor's Name | | | Onened 4/01/12 Leet | | |
| | Po Box 3120 Milwaukee, WI 53201 | When was the debt inc | urred? | Opened 4/01/12 Last Active 8/10/12 | | |
| | Number Street City State Zlp Code | As of the date you file, | the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | - | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY | unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising or not report as priority clair | | aration agreement or divorce that you did | | |
| | ■ No | | | ng plans, and other similar debts | | |
| | Yes | Other. Specify | Charg | ge Account | | |
| 4.10 | Mcsi Inc | Last 4 digits of accoun | t number | 1046 | \$ | 250.00 |
| | Priority Creditor's Name | Ū | | | | - |
| | Po Box 327 Palos Heights, IL 60463 | When was the debt inc | urred? | | | |
| | Number Street City State Zlp Code | As of the date you file, | the claim i | is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | _ | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY | unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | Obligations arising or not report as priority clair | | aration agreement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or p | orofit-sharir | ng plans, and other similar debts | | |
| | Yes | Other. Specify | 01 Vil | lage Of Lynwood | | |
| 4.11 | Munster Radiology Group | Land de dissida ad annous | 4 mmh.au | | • | 500.00 |

Priority Creditor's Name

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 21 of 52

| eptor | Ashley Smith | | | Case number (if know) | | | | |
|-------|--|---|-------------------------|---|----|----------|--|--|
| | 9201 Calumet Avenue Munster, IN 46321 | When was the debt incurre | ed? | | | | | |
| - | Number Street City State Zlp Code | As of the date you file, the | | | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | | |
| | ■ Debtor 1 only | | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY uns | secured | claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of not report as priority claims | a sepa | ration agreement or divorce that you did | | | | |
| | ■ No | ☐ Debts to pension or profit | t-sharin | g plans, and other similar debts | | | | |
| | Yes | Other. Specify | Medic | al | _ | | | |
| .12 | Portfolio Recovery | Last 4 digits of account nu | mber | 3214 | \$ | 3,346.00 | | |
| | Priority Creditor's Name Attn: Bankruptcy | When was the debt incurre | ed? | Opened 7/01/14 | | | | |
| | Po Box 41067 | | <u> </u> | | | | | |
| - | Norfolk, VA 23541 Number Street City State Zlp Code | As of the date you file, the | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | _ | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY uns | secured | claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of not report as priority claims | a sepa | ration agreement or divorce that you did | | | | |
| | ■ No | ☐ Debts to pension or profit | t-sharin | g plans, and other similar debts | | | | |
| | Yes | | | ring Company Account World cial Network Bank | _ | | | |
| .13 | Portfolio Recovery | Last 4 digits of account nu | mber | 2011 | \$ | 1,374.00 | | |
| | Priority Creditor's Name Attn: Bankruptcy Po Box 41067 | When was the debt incurre | ed? | Opened 4/01/13 | | | | |
| - | Norfolk, VA 23541 Number Street City State Zlp Code | As of the date you file, the | claim is | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | | |
| | ■ Debtor 1 only | - | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | | |
| | Is the claim subject to offset? | Obligations arising out of not report as priority claims | a sepa | ration agreement or divorce that you did | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | Yes | | | ing Company Account Ge Capital Bank | | | | |

Document Page 22 of 52 Debtor 1 Ashley Smith Case number (if know) 4.14 St. Margaret Health 2,000.00 Last 4 digits of account number \$ Priority Creditor's Name 2434 Interstate Plaza When was the debt incurred? Hammond, IN 46324 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify 4.15 2,000.00 Stroger Hospital Last 4 digits of account number Priority Creditor's Name 1900 W. Polk When was the debt incurred? Ste G-9 Chicago, IL 60612 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

4.16 Synchrony Bank/Sams

■ No
□ Yes

Priority Creditor's Name

Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Number Street City State Zlp Code

Last 4 digits of account number

When was the debt incurred?

Other, Specify

0788

☐ Debts to pension or profit-sharing plans, and other similar debts

Medical

Opened 3/01/13 Last

Active 11/20/15

As of the date you file, the claim is: Check all that apply

493.00

\$

| | Toyota Financial Services Po Box 8026 | When was the debt incurred? | Opened 8/01/11 Last Active 5/17/13 | |
|---------------|--|--|--|----------------|
| 4.19 | Toyota Motor Credit Co Priority Creditor's Name | Last 4 digits of account number | 0001 | \$ 8,251.00 |
| | Yes | Other. Specify | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 only | cogo | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Roswell, GA 30076 Number Street City State Zlp Code | As of the date you file, the claim i | | |
| | Priority Creditor's Name P.O. Box 103072 | When was the debt incurred? | | |
| 4.18 | The Home Depot | Last 4 digits of account number | | \$ 1,300.00 |
| | Yes | Other. Specify Credit | : Card | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □ □ del | Is the claim subject to offset? | ☐ Obligations arising out of a sepa not report as priority claims | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 only | J | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Minneapolis, MN 55440 Number Street City State Zlp Code | As of the date you file, the claim i | | |
| | Priority Creditor's Name C/O Financial & Retail Services Mailstop BT PO Box 9475 | When was the debt incurred? | Opened 8/01/08 Last Active 9/01/12 | |
| 4.17 | Target | Last 4 digits of account number | 7382 | \$ 1,463.00 |
| | Yes | ■ Other. Specify Charg | e Account | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sepanot report as priority claims | ration agreement or divorce that you did | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 only | g | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| Debtor | 1 Ashley Smith | Document Page | 23 of 52 Case number (if know) | |

Cedar Rapids, IA 52408

| Debto | Case 15-43013 Doc 1 | | | red 12/22/15 14:44:48 24 of 52 Case number (if know) | Desc Main | |
|-------|--|--|----------|--|-----------|-----------|
| | Number Street City State Zlp Code | As of the date you file, the o | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | , | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unse | ecured | claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a not report as priority claims | a sepa | ration agreement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or profit- | -sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify | uton | nobile | | |
| 4.20 | Ui-osac | Last 4 digits of account num | nber | 1700 | \$ | 1,873.00 |
| | Priority Creditor's Name 162 Henry Admin Urbana, IL 61801 | When was the debt incurred | d? | Opened 9/30/07 Last Active 6/23/15 | | |
| | Number Street City State Zlp Code | As of the date you file, the o | claim is | s: Check all that apply | | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unse | ecured | claim: | | |
| | ☐ Check if this claim is for a community debt | Student loans | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a not report as priority claims | a sepa | ration agreement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or profit- | -sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify | duca | tional | | |
| 4.21 | Ui-osac | Last 4 digits of account nun | nber | 1701 | \$ | 1,365.00 |
| | Priority Creditor's Name 162 Henry Admin Urbana, IL 61801 | When was the debt incurred | d? | Opened 6/30/10 Last Active 6/23/15 | | |
| | Number Street City State Zlp Code | As of the date you file, the o | claim is | s: Check all that apply | | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unse | ecured | claim: | | |
| | ☐ Check if this claim is for a community debt | Student loans | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a not report as priority claims | a sepa | ration agreement or divorce that you did | | |
| | ■ No | _ ' ' ' | -sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify | duca | tional | | |
| 4.22 | Us Dept of Ed/Great Lakes | Last 4 digits of account number | mher | 8581 | • | 65.226.00 |

Educational Lo
Priority Creditor's Name

Debtor 1 Ashley Smith

Page 25 of 52 Case number (if know)

| 2401 International Madison, WI 53704 | When was the debt incurred? | Opened 8/01/07 Last Active 10/31/15 | | | | |
|---|--|--|--|--|--|--|
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| ■ Debtor 1 only | · | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| ☐ Check if this claim is for a community debt | Student loans | | | | | |
| Is the claim subject to offset? | Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did | | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| Yes | Other. Specify | | | | | |
| | Educa | ational | | | | |
| Part 3: List Others to Be Notified About a De | ebt That You Already Listed | | | | | |
| trying to collect from you for a debt you owe to som | eone else, list the original creditor in li listed in Parts 1 or 2, list the addition | you already listed in Parts 1 or 2. For example, if a collection agency is Parts 1 or 2, then list the collection agency here. Similarly, if you have all creditors here. If you do not have additional persons to be notified for | | | | |
| Name Address | | Part2 did you list the original creditor? | | | | |
| Community Hospital PO Box 3602 | Line 4.5 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | | | |
| Munster, IN 46321-3602 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| | Last 4 digits of account num | nber | | | | |
| Name Address Cook County Hospital 25706 Network Place Chicago, IL 60673 | On which entry in Part 1 or I Line 4.15 of (Check one): | Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| 5.110dg0, 12 00070 | Last 4 digits of account num | nber | | | | |
| Name Address Express PO Box 659562 San Antonio, TX 78265 | On which entry in Part 1 or I Line 4.4 of (Check one): | Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| , | Last 4 digits of account num | nber | | | | |
| Name Address Ge Capital Retail Bank PO Box 960061 | On which entry in Part 1 or I Line 4.13 of (Check one): | Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Orlando, FL 32896 | Total A. P. Marie Commission | • • | | | | |
| | Last 4 digits of account nun | nber | | | | |
| Name Address Munster Radiology Group PC PO Box 10907 Merrillville, IN 46410 | Line 4.11 of (Check one): | Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| | Last 4 digits of account nun | IIDGI | | | | |
| Name Address Village of Lynwood 21460 Lincoln Highway Lynwood, IL 60411 | On which entry in Part 1 or I Line 4.10 of (Check one): | Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| | Last 4 digits of account num | nber | | | | |
| Name Address World Financial Network Box 182125 Columbus, OH 43218-2125 | On which entry in Part 1 or I Line 4.12 of (Check one): | Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Page 26 of 52 Case number (if know) Document

Debtor 1 Ashley Smith

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total o | laim |
|--------------|-----|---|-----|-------------|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | Total Clain | • |
| | 6f. | Student loans | 6f. | \$ | 68,464.00 |
| Fotal claims | 0 | Obligations spiriture out of a second in a second or discuss that were | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 36,443.75 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$ | 104,907.75 |

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 27 of 52

| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|-------------------|-------------|--------------------------------------|
| Debtor 1 | Ashley Smith | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|--|
| 2.1 | Regina Fisher 16127 Paulina Markham, IL 60428 | Debtor is Lessee on a Residential Apartment Lease: \$1,352.00 per month. |

| | | Docume | ent Page 28 c | of 52 |
|---------------------------------|---|-------------------------------|-------------------------|--|
| Fill in this | information to identify you | r case: | | |
| Debtor 1 | Ashley Smith | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | ng) First Name | Middle Name | Last Name | |
| United Sta | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case num | ber | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Officia | l Form 106H | | | |
| | lule H: Your Coc | lahtors | | 42/45 |
| Scried | iule II. Toul Coc | ienioi 2 | | 12/15 |
| your name | and number the entries in the and case number (if known you have any codebtors? (if |). Answer every question | | to this page. On the top of any Additional Pages, write e as a codebtor. |
| ■ No □ Yes | 8 | | | |
| | hin the last 8 years, have yo a, California, Idaho, Louisiana | | | ry? (Community property states and territories include ington, and Wisconsin.) |
| ` | Go to line 3. s. Did your spouse, former spo | ouse, or legal equivalent liv | e with you at the time? | |
| in line Form | 2 again as a codebtor only | if that person is a guarar | ntor or cosigner. Make | r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Officia 06G). Use Schedule D, Schedule E/F, or Schedule G to |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | ZIP Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | Number Street City | State | ZIP Code | _ |
| 3.2 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| - | Number Street | | | _ |
| | City | State | ZIP Code | |

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 29 of 52

| Fill | in this information to identif | fy your ca | ase: | | | | | | | |
|-------|--|----------------------|----------------------------|---------------------|------------------------|-----------|---------|-------------------|---|-------|
| De | btor 1 Ashle | ey Smitl | า | | | | | | | |
| | btor 2 | | | | | | | | | |
| Un | ited States Bankruptcy Cou | rt for the | NORTHERN DISTRIC | CT OF ILL | INOIS | | | | | |
| Ca | se number | | | | | | | Check if this is: | | |
| (If k | nown) | | | - | | | [| ☐ An amende | d filing | |
| | | | | | | | _ | ☐ A suppleme | ent showing postpetition chap as of the following date: | ter |
| 0 | fficial Form 106 | <u> </u> | | | | | | MM / DD/ Y | YYY | |
| S | chedule I: Your | r Inco | ome | | | | | | 1 | 12/15 |
| spo | use. If you are separated a | and you s form. (| r spouse is not filing w | ith you, d | o not include | informa | ation a | bout your spe | lude information about you ouse. If more space is need known). Answer every que | led, |
| 1. | Fill in your employment information. | : | | Debtor | 1 | | | Debtor 2 | or non-filing spouse | |
| | If you have more than one | | Employment status | ■ Employed | | ■ Emplo | oyed | | | |
| | attach a separate page wi information about addition | | Employment status | ☐ Not employed | | | | ☐ Not er | mployed | |
| | employers. | | Occupation | Regist | ered Nurse | | | | | |
| | Include part-time, season self-employed work. | al, or | Employer's name | Franciscan Alliance | | | | | | |
| | Occupation may include sor homemaker, if it applie | | Employer's address | | Iolmon Ave. ond, IN | | | | | |
| | | | How long employed t | here? | 01 year | | | | | |
| Pa | rt 2: Give Details Ab | out Mon | thly Income | | | | | | | |
| spo | imate monthly income as use unless you are separate | of the da | ate you file this form. If | • | | | | | space. Include your non-filir | Ū |
| | ou or your non-filing spouse e space, attach a separate | | | ombine the | e information fo | or all em | ployer | s for that person | on on the lines below. If you i | need |
| | | | | | | | Foi | Debtor 1 | For Debtor 2 or non-filing spouse | |
| 2. | List monthly gross wage deductions). If not paid m | | | | | 2. | \$ | 3,783.00 | \$ | |

0.00

3,783.00

+\$

\$

0.00

0.00

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 30 of 52

| Deb | tor 1 | Ashley Smith | _ | | Case | number (if know | wn) | | | | |
|-----|---------------------------------|--|----------------|----------------------|-------------|-------------------|----------------------------------|-------------------------|--------------------|--------------------------------------|------------------|
| | | | | | For | Debtor 1 | | | Debtor filing s | 2 or spouse | |
| | Сор | y line 4 here | 4. | | \$ | 3,783. | 00 | \$ | | 0.00 | _ - |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a 5b | | \$_ \$ | 463. | 00 | \$ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$ _ | 175.0 | | \$ | | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 50 | | \$ - | | 00 | \$ | | 0.00 | _ |
| | 5e. | Insurance | 56 | | \$ - | 146.0 | | \$ | | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f | | \$_ | | 00 | \$ | | 0.00 | _ |
| | 5g. | Union dues | 50 | a . | \$ | | 00 | \$ | | 0.00 | _ |
| | 5h. | Other deductions. Specify: | | า.+ | \$ | | 00 - | + \$ | | 0.00 | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 784. | 00 | \$ | | 0.00 | _ |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 2,999. | 00 | \$ | | 0.00 | _ |
| 8. | 8b. 8c. 8d. 8e. 8f. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 80 80 86 | o. c. d. e. | \$ | 0.0 0.0 0.0 | 00 00 00 00 00 00 | \$ \$ \$ \$ \$ \$ | | 0.00 0.00 0.00 0.00 0.00 | - |
| | 8g. | Pension or retirement income | 8g | | \$_ | | 00 | \$ | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | 8h | า.+ | \$_ | 0.0 | 00 - | + \$ | | 0.00 | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 0.0 | 00 | \$ | | 0.0 | 0 |
| 10. | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 2,999.00 + | - \$ | | 0.00 | = \$ | 2,999.00 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | _ | | , | - | | | | · |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedul add contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify: | ur dep | | | | | | | e J. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certies | | | | | | | 12. | \$ | 2,999.00 |
| 13. | Doy | you expect an increase or decrease within the year after you file this form | n? | | | | | | | Combi month | ned ly income |
| | | No. | | | | | | | | | |
| | П | Yes Explain: | | | | | | | | | I |

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 31 of 52

| Fill | n this informa | ition to identify yo | our case: | | | İ | | |
|-------|-------------------------------|--|-------------|---|---|--------------|------------------------------------|--|
| Debt | | Ashley Smith | | | | | k if this is: An amended filing | |
| Debt | | | | | | | A supplement show | wing postpetition chapter |
| (Spo | use, if filing) | | | | | | 13 expenses as of | the following date: |
| Unite | ed States Bankr | uptcy Court for the: | NORTH | IERN DISTRICT OF ILLI | NOIS | _ | MM / DD / YYYY | |
| 1 | e number | | | | | | | |
| Of | ficial Fo | rm 106J | | | | | | |
| Sc | hedule | J: Your I | Exper | ises | | | | 12/1 |
| info | rmation. If m | | eded, atta | . If two married people ach another sheet to thi n. | | | | |
| Part | | ibe Your House | hold | | | | | |
| 1. | Is this a joir | | | | | | | |
| | ■ No. Go to | | in a sepaı | ate household? | | | | |
| | □и | 0 | · | ial Form 106J-2, <i>Expen</i> s | es for Separate Hous | ehold of Deb | otor 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list D and Debtor 2 | | Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | Nephew | | 03 | □ No ■ Yes |
| | | | | | Sister | | 25 | □ No ■ Yes |
| | | | | | | | | ■ res □ No |
| | | | | | | | | Yes |
| | | | | | | | | □ No □ Yes |
| 3. | expenses of | penses include f people other t d your depende | han 🦳 | No Yes | | | | □ Yes |
| exp | mate your ex | | our bankr | uptcy filing date unless | | | | apter 13 case to report of the form and fill in the |
| the | | h assistance an | | government assistance cluded it on <i>Schedule I</i> | | | Your exp | enses |
| 4. | | or home owners | | nses for your residence or lot. | . Include first mortgag | je 4. \$ | | 1,352.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 |
| | | rty, homeowner's | s, or rente | 's insurance | | 4b. \$ | | 0.00 |
| | | | | upkeep expenses | | 4c. \$ | | 0.00 |
| _ | | owner's associat | | dominium dues our residence, such as h | nomo oquity loans | 4d. \$ | | 0.00 |

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 32 of 52

| Debtor 1 Ashley | Smith | Case num | ber (if known) | |
|-----------------------------------|---|----------|----------------|-----------------------------|
| 6. Utilities: | | | | |
| | ty, heat, natural gas | 6a. | \$ | 150.00 |
| | sewer, garbage collection | 6b. | · · | 100.00 |
| · | ne, cell phone, Internet, satellite, and cable services | 6c. | | 0.00 |
| • | enecify: Cable | 6d. | \$ | 75.00 |
| Cell ph | | | \$ | 200.00 |
| Interne | | _ | \$ | 75.00 |
| | usekeeping supplies | — 7. | \$ | 400.00 |
| | I children's education costs | 8. | · | 0.00 |
| | ndry, and dry cleaning | 9. | · | 200.00 |
| | products and services | 10. | : | 100.00 |
| . Medical and | lental expenses | 11. | \$ | 100.00 |
| | n. Include gas, maintenance, bus or train fare. | | · | |
| | car payments. | 12. | \$ | 320.00 |
| Entertainmen | t, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 |
| Charitable co | ntributions and religious donations | 14. | \$ | 0.00 |
| 5. Insurance. | | | | |
| | insurance deducted from your pay or included in lines 4 or 20. | ,_ | | |
| 15a. Life insu | | 15a. | · | 0.00 |
| 15b. Health i | | 15b. | * | 0.00 |
| 15c. Vehicle | | 15c. | · - | 0.00 |
| | surance. Specify: | 15d. | \$ | 0.00 |
| Specify: | include taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| | lease payments: | 4- | • | |
| | ments for Vehicle 1 | 17a. | · | 0.00 |
| | ments for Vehicle 2 | 17b. | · | 0.00 |
| 17c. Other. S | | 17c. | · - | 0.00 |
| 17d. Other. S | • • • | 17d. | \$ | 0.00 |
| | ts of alimony, maintenance, and support that you did not report as | 18. | \$ | 0.00 |
| | n your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). nts you make to support others who do not live with you. | 10. | \$ | 0.00 |
| Specify: | ns you make to support others who do not live with you. | 19. | Ψ | 0.00 |
| | operty expenses not included in lines 4 or 5 of this form or on Schee | | our Income | |
| | es on other property | 20a. | | 0.00 |
| 20b. Real es | | 20b. | · | 0.00 |
| | /, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | ance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | vner's association or condominium dues | 20e. | · | 0.00 |
| . Other: Specify | | | +\$ | 0.00 |
| . Guion opoon | • | | ΙΨ | 0.00 |
| 2. Calculate you | r monthly expenses | | | |
| 22a. Add lines | • | | \$ | 3,172.00 |
| 22b. Copy line | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. Add line 2 | 22a and 22b. The result is your monthly expenses. | | \$ | 3,172.00 |
| | r monthly net income. | | | |
| 23a. Copy lin | e 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,999.00 |
| 23b. Copy yo | our monthly expenses from line 22c above. | 23b. | -\$ | 3,172.00 |
| | | | | · |
| | t your monthly expenses from your monthly income. | 00: | ¢ | -173.00 |
| The res | ult is your <i>monthly net income</i> . | 23c. | \$ | -1/3.00 |
| For example, do | t an increase or decrease in your expenses within the year after you you expect to finish paying for your car loan within the year or do you expect your mole terms of your mortgage? | | | se or decrease because of a |
| ☐ Yes. | Explain here: | | | |

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 33 of 52

| Fill in this in | formation to identify your | 0250: | | | |
|---------------------|---|---------------------------|----------------------------|--|--|
| | | case. | | | |
| Debtor 1 | Ashley Smith First Name | Middle Name | Last Name | | |
| Debtor 2 | i iist ivaine | Wilder Name | Lastivanie | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | r | | | | ☐ Check if this is an amended filing |
| • | | | | | - |
| Official Fo | orm 106Dec | | | | |
| | ation About a | n Individual | Debtor's Sci | hedules | 12/15 |
| Doolar | ation /tboat a | | D CD(0) 0 00 | iloddioo | 12/13 |
| If two married | d people are filing togethe | r, both are equally respo | nsible for supplying cor | rect information. | |
| obtaining mo | | n connection with a bank | | | atement, concealing property, or 000, or imprisonment for up to 20 |
| | Sign Below | | | | |
| Did you | pay or agree to pay some | one who is NOT an attor | ney to help you fill out b | ankruptcy forms? | |
| = ' | No | | | | |
| _ ` | Yes. Name of person | | | ach <i>Bankruptcy Pet</i> Signature (Official F | ition Preparer's Notice, Declaration, Form 119). |
| | enalty of perjury, I declare y are true and correct. | that I have read the sum | mary and schedules file | d with this declara | tion and |
| X Isl A | Ashley Smith | | Х | | |
| Ash | lley Smith ature of Debtor 1 | | Signature of | Debtor 2 | |

Date

Date December 21, 2015

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 34 of 52

| Fill | in this inform | ation to identify you | case: | | | |
|--------------------|----------------------------|--|---|---|---|---|
| | otor 1 | Ashley Smith | ouco. | | | |
| 20. | 7.01 | First Name | Middle Name | Last Name | | |
| | otor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States Ban | kruptcy Court for the: | NORTHERN DISTRICT C | OF ILLINOIS | | |
| _ | | | | | | |
| | se number nown) | | | | - | heck if this is an mended filing |
| Sta | | of Financial A | Affairs for Individ | | ankruptcy equally responsible for sup | 12/15 |
| info | rmation. If me | | attach a separate sheet to | | y additional pages, write you | |
| Par | t 1: Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | s? | | | |
| | ☐ Married ■ Not marr | ied | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. List | all of the places you li | ved in the last 3 years. Do no | ot include where you live nov | v. | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. state | | | | | nity property state or territor ico, Texas, Washington and V | |
| | ■ No □ Yes. Mal | ke sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Par | t 2 Explain | the Sources of You | r Income | | | |
| 4. | Fill in the total | amount of income yo | nployment or from operating u received from all jobs and a have income that you receive | all businesses, including par | | ndar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until I for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$49,335.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 35 of 52 Case number (if known)

| 5. | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. | | | | | | | | | | |
|----|--|---|---|--|---|---|---|---|--|--|--|
| | List each source and the gross income from each source separately. Do not include income that you listed in line 4. | | | | | | | | | | |
| | ■ No | | | | | | | | | | |
| | | . Fill in the d | etails. | | | | | | | | |
| | | | Debtor ' | 1 | | Debtor 2 | | | | | |
| | | | Sources | s of income e below (| Gross income before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) | | | |
| Pa | rt 3: Lis | st Certain Pa | ayments You Made Be | fore You Filed for Bar | nkruptcy | | | | | | |
| 6. | □ No. ■ Yes | Neither D individual During the No. Yes * Subject | ebtor 1 nor Debtor 2 h primarily for a personal, 90 days before you file Go to line 7. List below each credi paid that creditor. Do not include payments to adjustment on 4/01/ or Debtor 2 or both ha 90 days before you file Go to line 7. List below each credi include payments for an attorney for this ba | a, family, or household p ed for bankruptcy, did you fitor to whom you paid a mot include payments f is to an attorney for this late and every 3 years af ave primarily consume ed for bankruptcy, did you fitor to whom you paid a domestic support oblig | er debts. Consumer debturpose." ou pay any creditor a tot total of \$6,225* or more for domestic support oblibankruptcy case. ter that for cases filed o | al of \$6,225* or media in one or more paigations, such as on or after the date all of \$600 or more and the total amount poport and alimony. | ore? ayments and the child support an of adjustment. ? t you paid that Also, do not in | e total amount you id alimony. Also, do | | | |
| 7. | Insiders in corporation including support a | nclude your ons of which one for a bu and alimony. | relatives; any general p you are an officer, directions siness you operate as a | eartners; relatives of any ctor, person in control, or | paid ayment on a debt you or general partners; partnor owner of 20% or more S.C. § 101. Include payn | erships of which ye of their voting se | ou are a genera curities; and an | al partner; y managing agent, | | | |
| | | ' ' | ments to an insider | | | | _ | | | | |
| | Insider' | s Name and | Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | | |
| 8. | insider? Include p | ayments on | you filed for bankrup debts guaranteed or co | | payments or transfer | any property on a | eccount of a de | ebt that benefited an | | | |
| | Insider' | s Name and | Address | Dates of payment | Total amount | Amount you | | this payment | | | |
| | | | | | paid | still owe | Include cred | itor's name | | | |

Page 36 of 52
Case number (# known) Document Debtor 1 Ashley Smith

| Pa | t 4: Identify Legal Actions, Repossessions | , and Foreclosures | | | | | | | | |
|-----|--|---------------------------------------|------------------|------------------|--------------------------|------------------------|--|--|--|--|
| 9. | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Case title Case number | Nature of the case | Court or age | ency | Status of the | ne case | | | | |
| 10. | Within 1 year before you filed for bankruptcy. Check all that apply and fill in the details below. | | erty repossess | ed, foreclosed, | , garnished, attache | d, seized, or levied? | | | | |
| | ■ No□ Yes. Fill in the information below. | | | | | | | | | |
| | Creditor Name and Address | Describe the Property | | | Date | Value of the property | | | | |
| | | Explain what happened | d | | | ргоролу | | | | |
| 11. | Within 90 days before you filed for bankrupt accounts or refuse to make a payment becar No Yes. Fill in the details. | | luding a bank | or financial ins | stitution, set off any | amounts from your | | | | |
| | Creditor Name and Address | Describe the action the creditor took | | | Date action was taken | Amount | | | | |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes | | | | | | | | | |
| Pa | t 5: List Certain Gifts and Contributions | | | | | | | | | |
| 13. | Within 2 years before you filed for bankrupto ■ No □ Yes. Fill in the details for each gift. | cy, did you give any gift | s with a total v | alue of more th | nan \$600 per persor | ? | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | | Dates you gave the gifts | Value | | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | | |
| 14. | Within 2 years before you filed for bankrupte | | s or contributi | ons with a tota | I value of more thar | s \$600 to any charity | | | | |
| | Yes. Fill in the details for each gift or contr | | | | _ | | | | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | I Describe what you contributed | | | Dates you contributed | Value | | | | |
| | CHURCH NAME AND ADDRESS?? | Monetary Donati month. | ion: \$ | per | Monthly | \$0.00 | | | | |

Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48

Case 15-43013 Desc Main Document Page 37 of 52 Case number (if known) Debtor 1 **Ashley Smith** Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Ledford, Wu & Borges, LLC \$1,295.00 11/2015 to \$1,295.00 105 West Madison 12/2015 23rd Floor Chicago, IL 60602 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No ☐ Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was Address property transferred payments received or debts made paid in exchange Person's relationship to you

Name of trust

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Description and value of the property transferred

Yes. Fill in the details.

beneficiary? (These are often called asset-protection devices.)

Date Transfer was

made

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Page 38 of 52
Case number (if known) Document

Debtor 1 Ashley Smith

| Pa | tt 8: List of Certain Financial Accounts, In | struments. Safe Deposi | it Boxes. and St | torage Uni | its | |
|-----|---|--|---------------------------------------|------------|--|---|
| | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso | cy, were any financial ac | ccounts or instr | uments h | eld in your name, or for | • |
| | ■ No □ Yes. Fill in the details. | , | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed fo | r bankruptcy, aı | ny safe de | eposit box or other depo | sitory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit | State and ZIP Code) or place other than you | r home within 1 | year befo | ore you filed for bankrup | otcy |
| | No | | | | | |
| | Yes. Fill in the details. | W/h l l l | | Dagarika | the contents | De veu etill |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | to it? | to it? Address (Number, Street, City, | | the contents | Do you still have it? |
| Pa | t 9: Identify Property You Hold or Contro | I for Someone Else | | | | |
| 23. | Do you hold or control any property that so for someone. | omeone else owns? Incl | ude any proper | ty you boı | rrowed from, are storing | g for, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the proj (Number, Street, City, S Code) | | Describe | the property | Value |
| Pa | t 10: Give Details About Environmental Inf | formation | | | | |
| For | the purpose of Part 10, the following definit | ions apply: | | | | |
| | Environmental law means any federal, state toxic substances, wastes, or material into tregulations controlling the cleanup of thes | the air, land, soil, surfac | e water, ground | | | |
| | Site means any location, facility, or propert to own, operate, or utilize it, including disp | | environmental | law, whetl | her you now own, opera | te, or utilize it or used |
| | Hazardous material means anything an envi hazardous material, pollutant, contaminant | | as a hazardous | s waste, h | azardous substance, to | xic substance, |
| Rep | ort all notices, releases, and proceedings th | nat you know about, reg | ardless of wher | n they occ | urred. | |
| 24. | Has any governmental unit notified you that | at you may be liable or p | otentially liable | under or | in violation of an enviro | onmental law? |
| | ■ No □ Yes. Fill in the details. | | | | | |

Name of site

Address (Number, Street, City, State and

Governmental unit

ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Date of notice

Environmental law, if you

know it

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 39 of 52 Case number (*if known*) Debtor 1 **Ashley Smith** 25. Have you notified any governmental unit of any release of hazardous material? Nο Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Ashley Smith Signature of Debtor 2 **Ashley Smith** Signature of Debtor 1 Date December 21, 2015 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ☐ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

☐ No

☐ Yes. Name of Person

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 40 of 52 Case number (if known)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| | re under penalty of perjury that I have read the answer are true and correct. | rs contained in | n the foregoing statement of financial affairs and any attachments thereto and |
|------|---|-----------------|--|
| Date | December 21, 2015 | Signature | /s/ Ashley Smith |

Ashley Smith Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Page 41 of 52 Document

| Debtor 1 | Ashley Smith | | | |
|---------------------------------|--------------------------|-------------------|-------------|--------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba Case number | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| if known) | | | | ☐ Check if this is ar amended filing |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property securing debt: | ☐ Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | _ |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property securing debt: | ☐ Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | _ |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property securing debt: | ☐ Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 42 of 52

| 38 (Form 8) (12/08) | | Page 2 |
|---|--|--|
| name: | ☐ Retain the property and redeem it. | ☐ Yes |
| | ☐ Retain the property and enter into a | |
| Description of | Reaffirmation Agreement. | |
| property securing debt: | ☐ Retain the property and [explain]: | |
| securing debt. | | |
| Part 2: List Your Unexpired Personal | I Property Leases | |
| For any unexpired personal property lea | ase that you listed in Schedule G: Executory Contracts and Unex | pired Leases (Official Form 106G), fill |
| in the information below. Do not list rea You may assume an unexpired personal | Il estate leases. Unexpired leases are leases that are still in effect Il property lease if the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended. (n)(2). |
| | , | (I-)(-) |
| Describe your unexpired personal prop | perty leases | Will the lease be assumed? |
| Lessor's name: | | □ Na |
| Description of leased | | □ No |
| Property: | | ☐ Yes |
| | | |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| . , | | Li Tes |
| Lessor's name: | | □ No |
| Description of leased | | |
| Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased | | |
| Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased | | □ N0 |
| Property: | | ☐ Yes |
| I accorde monero | | - |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| | | |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| | | 00 |
| Part 3: Sign Below | | |
| Under penalty of perjury I declare that I | have indicated my intention about any property of my estate tha | t secures a debt and any personal |
| property that is subject to an unexpired | | t secures a debt and any personal |
| χ /s/ Ashley Smith | X | |
| Ashley Smith | Signature of Debtor 2 | |
| Signature of Debtor 1 | - | |
| | | |
| Date December 21, 2015 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee
 \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48 Desc Main Document Page 47 of 52

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Ashley Smith | | Case No. | | |
|---|---|---------------------------------------|---------------------|----------------------------|--------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPE | NSATION OF ATTOI | RNEY FOR D | EBTOR(S) | |
| (| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filling be rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy, | or agreed to be pai | d to me, for services reno | dered or to |
| | For legal services, I have agreed to accept | | \$ | 1,295.00 | |
| | Prior to the filing of this statement I have received | | | 1,295.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | \$335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed comp | pensation with any other person | unless they are mer | nbers and associates of n | ny law firm. |
| | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | | v firm. A |
| 6. | In return for the above-disclosed fee, I have agreed to re | ender legal service for all aspect | s of the bankruptcy | case, including: | |
| a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Exemption planning; preparation and filing of reaffirmation agreements and applications as needed; prepara and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. | | | | | |
| | OR Notwithstanding the preceding paragra covers the preparation and filing of the | | d herein | | |
| 7.] | By agreement with the debtor(s), the above-disclosed fe | ee does not include the following | g service: | | |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of an ankruptcy proceeding. | ny agreement or arrangement for | payment to me for | representation of the deb | otor(s) in |
| D | December 21, 2015 | /s/ Kevin Rouse | | | |
| \overline{D} | Date | Kevin Rouse 628 | | | - |
| | | Signature of Attorne Ledford, Wu & Be | | | |
| | | 105 W. Madison | orges, LLO | | |
| | | 23rd Floor | _ | | |
| | | Chicago, IL 6060 312-853-0200 Fa | | | |
| | | notice@billbuste | | | |
| | Name of law firm | | | | |

Case 15-43013 Doc 1 Filed 12/22/15 Entered 12/22/15 14:44:48

Desc Main

LEDFORD, WU & BORGES, LLC

Document Page 48 of 52

FOR OFFICE USE (7) Client No. 488

105 W. Madison, 23rd Floor, Chicago, IL 60602

(312)853-0200 Fax: (312)873-4693

ATTORNEY RETENTION CONTRACT

Responsible attorney:

| 1. Parties. In this contract, "Client" means the undersigned, both individually and jointly; "Attorney" means the law firm of Ledford & Wu and its staff attorneys. This contract shall supersede any prior contracts and agreements between the parties to the extent of any inconsistency. |
|---|
| 2. Services and Fees: Client retains Attorney for the following services: Chapter 7 (prepetition service only): \$ |
| 3. Scope of Representation: (a) Attorney will counsel and represent Client in all aspects of the above matter(s) EXCEPT: (1) adversary proceedings; (2) § 722 redemption; (3) judicial lien avoidance; (4) post-discharge litigation; (5) appeals; (6) other: (b) Attorney may agree, but is not obligated, to represent Client in the above excluded matters for an additional fee, to be agreed upon separately by the parties. |
| 4. Initial Consultation. Client acknowledges that Attorney has explained the following (please initial): The options of Chapter 7 and Chapter 13 and that Client has made the choice identified in Paragraph 2 The concepts of exemption, discharge and dischargeability, and pre-filing and post-filing procedures The difference among various types of retainer and that Client has made the choice identified in Paragraph 4 TIME IS OF THE ESSENCE. Any delay on Client's part may disqualify Client for the type of relief elected or otherwise adversely affect Client's case. Attorney may not be able to file the case, or take other necessary actions, until all requested documents and/or information, including but not limited to a certificate of credit counseling, are received by Attorney Other (specify): Client understands that the advice given during the initial consultation is preliminary and based on the information available at the time, and may change as the case is further analyzed, more facts discovered, or Client's circumstances or the law changed. |
| 5. Client's Duties. Client agrees, during the course of representation, to: (a) provide Attorney with full, accurate and timely information, financial and otherwise; (b) follow Attorney's procedures and cooperate with Attorney in providing requested documents; (c) promptly inform Attorney of any change of address, phone number, e-mail address or employment, or activation of military duty; (d) inform Attorney before buying, selling, refinancing or transferring any real property in which Client has any interest, and before incurring any new debt, including but not limited to applying for an auto loan, personal loan, payday loan or title loan, applying for a credit card or line of credit, or using an existing credit card or line of credit; and (e) promptly inform Attorney if Client becomes entitled to an inheritance, an asset as a result of a property settlement agreement with Client's spouse or a divorce decree, life insurance proceeds, or a monetary judgment, award or settlement. |
| 6. Co-counsel. Client understands that more than one attorney may work on this case. Where necessary, Client agrees to employ one or more of the following outside counsel, at Attorney's expense, to work on this case: Kathleen W. Vaught, Kelly M. Johnson, Wayne J. Skelton, Christina Banyon, David Hall Carter, and |
| 7. Termination. Client may discharge Attorney at any time, subject to payment of any fee owed for the services already rendered. Attorney may terminate the representation as permitted by the Illinois Rules of Professional Conduct and Local Bankruptcy Rules. Any flat fee for a bankruptcy case is advance payment for future services, becomes Attorney's property upon receipt, and is nonrefundable upon filing of the petition. In the event the representation is terminated by either party before filing and Client has paid Attorney more than \$300, Attorney will provide Client with a detailed itemization of the services rendered in support of any fee charged at the rate set forth in Paragraph 4, Client will reimburse Attorney for any expenses, including those that otherwise would be free of charge, and Client authorizes Attorney to apply the filing fee and any payment for expenses that have not been incurred towards the attorney's fee, subject to the requirements set forth herein. |
| X (Ishley). Bnith X Date: 1/ 124 1/5 Attorney signeture: 22 1/2 APDC# 1.2847921 |

United States Bankruptcy Court Northern District of Illinois

| T | Achley Cmith | | Cara Na | |
|-------|--|---|---------------------------------|---------------|
| In re | Ashley Smith | Debtor(s) | Case No. Chapter 7 | |
| | VE | CRIFICATION OF CREDITOR M | IATRIX | |
| | | Number of | Creditors: | 26 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit | tors is true and correct to the | he best of my |
| Date: | December 21, 2015 | /s/ Ashley Smith Ashley Smith Signature of Debtor | | |

Blue Cross Blue Shield of Illinois P.O.Box 805107 Chicago, IL 60680-4112

City of Chicago Dep't of Administrative Hearings 740 N. Sedgewick Street Chicago, IL 60654

Comcast 1255 W. North Ave. Chicago, IL 60622

Comenity Bank/express Po Box 182125 Columbus, OH 43218

Community Hospital PO Box 3602 Munster, IN 46321-3602

Cook County Hospital 25706 Network Place Chicago, IL 60673

Dsnb Macys Macys Bankruptcy Department Po Box 8053 Mason, OH 45040

Express PO Box 659562 San Antonio, TX 78265

Firestone P.O. Box 81344 Cleveland, OH 44188

Ge Capital Retail Bank PO Box 960061 Orlando, FL 32896

JCPenny/GECRB PO Box 960090 Orlando, FL 32896 Kohls/Capital One Po Box 3120 Milwaukee, WI 53201

Mcsi Inc Po Box 327 Palos Heights, IL 60463

Munster Radiology Group 9201 Calumet Avenue Munster, IN 46321

Munster Radiology Group PC PO Box 10907 Merrillville, IN 46410

Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541

St. Margaret Health 2434 Interstate Plaza Hammond, IN 46324

Stroger Hospital 1900 W. Polk Ste G-9 Chicago, IL 60612

Synchrony Bank/Sams Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Target C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440

The Home Depot P.O. Box 103072 Roswell, GA 30076 Toyota Motor Credit Co Toyota Financial Services Po Box 8026 Cedar Rapids, IA 52408

Ui-osac 162 Henry Admin Urbana, IL 61801

Us Dept of Ed/Great Lakes Educational Lo 2401 International Madison, WI 53704

Village of Lynwood 21460 Lincoln Highway Lynwood, IL 60411

World Financial Network Box 182125 Columbus, OH 43218-2125